

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: _____ this _____ day of _____ 19 _____	At: _____ this _____ day of _____ 19 _____
Signature: _____ Full Name: Christiaan J. Kind Residence: H.H. Dowweg 5 4542 NM Hoek Country: The Netherlands Citizenship: Netherlands P. O. Address: Same as Residence	Signature: _____ Full Name: Residence:
At: _____ this _____ day of _____ 19 _____	At: _____ this _____ day of _____ 19 _____
Signature: _____ Full Name: Residence:	Signature: _____ Full Name: Residence:
Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____	Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____
Signature: _____ Full Name: Residence:	Signature: _____ Full Name: Residence:
Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____	Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____
Signature: _____ Full Name: Residence:	Signature: _____ Full Name: Residence:
Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____	Country: Citizenship: P. O. Address: At: _____ this _____ day of _____ 19 _____

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Iernuuzen, NL
this 19 day of May 11 192006

Signature: 
Full Name: **Christiaan J. Kind**
Residence: **Arnelaan 11**
4535 CM Terneuzen
Country: **The Netherlands**
Citizenship: **The Netherlands**
P. O. Address: **Same as Residence**

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____ 19____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____ 19____

Signature: _____
Full Name: _____
Residence: _____

Country:
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P. O. Address:

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this ____ day of _____ 19____

Signature:

Full Name:
Residence:

Country:
Citizenship:
P. O. Address:

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this _____ day of _____ 19____

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Residence: _____

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At: _____
this ____ day of _____ 19____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address: